

Mr. Speaker, I yield 3 minutes to my friend from Michigan (Mr. UPTON).

Mr. UPTON. Mr. Speaker, I too rise in strong support of this legislation, the Dextromethorphan Distribution Act of 2009, which I introduced to restrict the distribution of this product to entities registered with the Food and Drug Administration.

I want to thank the House leadership for scheduling this bill. I particularly want to thank Mr. PALLONE, who has helped shepherd this legislation a couple of times as we have passed it in the House, and yet the other body, the Senate, has not taken it up in the same form. We hope that the third time is the charm. I also want to thank the chairman of the full committee and my good friend and colleague from Washington (Mr. LARSEN) for cosponsoring this again with me.

We know that DXM can be and is a safe and effective non-narcotic cough suppressant used in many over-the-counter cough and cold medicines. However safely and effectively that these might be used by literally millions of Americans every year, taken in extremely large quantities it does produce a hallucinogenic high and it can cause brain damage, seizures, and even death.

Currently, there are no restrictions on the distribution of this raw bulk DXM. This bill ensures that DXM is used only for legitimate purposes and stays out of the hands of drug dealers and adolescents. The FDA would have the authority to seize bulk DXM if found in the possession of anyone not authorized to have it. This measure would cut off the supply chain of unfinished DXM to those purchasing it on the Internet to get high or sell it as a street drug.

I would note that this act is endorsed by the American Pharmacists Association, the Consumers Healthcare Products Association, and the Partnership for a Drug-Free America. And, I would note that it is my understanding that the Partnership for a Drug-Free America believes that perhaps there are hundreds of thousands of young Americans misusing this DXM. So it is important that we pass this legislation.

I am the father of two. I am alarmed at the growing trend of teens abusing cough syrup, particularly this one, to get high. Our kids are engaging in a game of Russian roulette each time they get high off DXM, and sooner or later someone will die. That is why this is bipartisan legislation to try to get it enacted, and I would urge a "yes" vote.

Mr. SCALISE. I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I also yield back the balance of my time and urge passage of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1259.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

HEALTH INSURANCE RESTRICTIONS AND LIMITATIONS CLARIFICATION ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1253) to require that limitations and restrictions on coverage under group health plans be timely disclosed to group health plan sponsors and timely communicated to participants and beneficiaries under such plans in a form that is easily understandable.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1253

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Insurance Restrictions and Limitations Clarification Act of 2009".

SEC. 2. DISCLOSURE REQUIREMENTS.

(a) ERISA.—Section 702(a)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(a)(2)(B)) is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

"(iii) the plan sponsor of the health insurance coverage provide, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

"(iv) the plan sponsor and the issuer of the coverage provide such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided."

(b) PHSA.—Section 2702(a)(2)(B) of the Public Health Service Act (42 U.S.C. 300gg-1(a)(2)(B)) is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

"(iii) the plan sponsor and the issuer of the group health insurance coverage make available, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

"(iv) the plan sponsor and the issuer of the coverage provides such description to par-

ticipants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided."

(c) INTERNAL REVENUE CODE.—Section 9802(a)(2)(B) of the Internal Revenue Code of 1986 is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) the group health plan makes available, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

"(iii) the plan provides such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided."

(d) EFFECTIVE DATE.—The amendments made by this section shall apply with respect to plan years beginning after 1 year after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. I include for the CONGRESSIONAL RECORD an exchange of letters on this bill between the chairmen of the Committee on Energy and Commerce and the Committee on Education and Labor.

COMMITTEE ON EDUCATION AND LABOR,

HOUSE OF REPRESENTATIVES,

Washington, DC, March 25, 2009.

Hon. HENRY A. WAXMAN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WAXMAN: I am writing to confirm our mutual understanding regarding consideration of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act of 2009. As you know, this bill was referred to the Committee on Education and Labor which has a jurisdictional interest in several provisions in the bill.

Given the importance of moving this bill forward promptly, I do not intend to exercise this Committee's jurisdiction by conducting further proceedings on H.R. 1253. I do so, however, only with the understanding that this procedural route should not be construed to prejudice this Committee's jurisdictional interests and prerogatives on this or similar legislation and will not be considered as precedent for consideration of matters of jurisdictional interest to the Committee on Education and Labor in the future. In addition, should this bill or similar legislation be considered in a conference with the Senate, I would expect members of the Committee on Education and Labor to be appointed to the conference committee.

Finally, I ask that you include a copy of our exchange of letters be included in the Congressional Record during the consideration of this bill. If you have any questions regarding this matter, please do not hesitate

to call me. I thank you for your consideration.

Sincerely,

GEORGE MILLER,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, March 26, 2009.

Hon. GEORGE MILLER,
Chairman, House Committee on Education and Labor, Washington, DC.

DEAR CHAIRMAN MILLER: Thank you for your letter regarding H.R. 1253, the "Health Insurance Restrictions and Limitations Clarification Act of 2009." The letter noted that certain provisions of the bill are within the jurisdiction of the Committee on Education and Labor under rule X of the Rules of the House.

The Committee on Energy and Commerce recognizes the jurisdictional interest of the Committee on Education and Labor in these provisions. We appreciate your agreement to forgo action on the bill, and I concur that the agreement does not in any way prejudice the Committee on Education and Labor with respect to the appointment of conferees or its jurisdictional prerogatives on this bill or similar legislation in the future.

I will include our letters in the Congressional Record during consideration of the bill on the House floor. Again I appreciate your cooperation regarding this important legislation.

Sincerely,

HENRY A. WAXMAN,
Chairman.

Mr. PALLONE. I yield myself such time as I may consume.

Mr. Speaker, I rise in support of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act.

This bill amends the Employee Retirement Income Security Act, the Public Health Services Act, and the Internal Revenue Code to require that limitations on benefits in group health plans are explicit and disclosed to the plan's sponsor, and that that plan's sponsor disclose those limitations to the plan participants and beneficiaries in a timely manner.

This legislation would ensure that plan beneficiaries who engage in activities such as riding motorcycles, horses, or snowmobiles, or any other legal activity that may result in injury, understand if their health plan won't cover those injuries. I would like to thank my colleagues, both Dr. BURGESS as well Mr. STUPAK, for their work on this issue. I ask my colleagues to support the bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in support of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act of 2009.

This bill will allow purchasers of health insurance to better understand what they are buying. At its core, this bill is about transparency for the consumer. And that is a good thing.

This bill does not in any way alter current insurance requirements or limitations. This bill merely says that if an insurer wants to restrict or limit benefits, it must inform their enrollee prior to enrollment that it may so restrict or limit benefits.

I wish to commend Congressmen BURGESS and STUPAK for their work on

this bill. Mr. Speaker, I urge Members to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no speakers, but I believe that my colleague from Louisiana does.

Mr. SCALISE. Mr. Speaker, I yield such time as he may consume to Mr. BURGESS of Texas.

Mr. BURGESS. I thank the gentleman for yielding.

Mr. Speaker, in January 2001, the Department of Labor, the Internal Revenue Service, and the Health Care Finance Administration issued a rule in accordance with the Health Insurance Portability and Accountability Act, better known as HIPAA, of 1996 that was designed to guard against discrimination in coverage in the group health market. While addressing the issue of discrimination based upon participation in certain activities, these rules allowed continued discrimination in the form of nonpayment based upon the source of the injury.

So, in other words, you could have an employer-sponsored health insurance, which many of us do, have your premiums deducted from your paycheck, and yet be responsible for paying your own medical treatment if you were harmed. Trip and fall at home, no problem. Trip and fall while skiing on vacation with the family, and you get the bill. This is simply unfair.

People are led to believe that care for a broken arm, for example, is the same regardless of how the injury happened, but in fact that is not the case.

The lack of clarity underlying these exclusions has created a confusing situation for individuals that may ride motorcycles, horses, snowmobiles, or participate in other activities that could result in an injury. Millions of Americans enjoy these activities safely every year within the framework of State laws and utilizing proper safety precautions. The bill we are voting on today will take away the ambiguity and make certain that people are aware of any such restrictions in their coverage.

Again, this is not a bill that would require anything new to be done other than people be told up front and in plain language if there are limitations on their health care policy.

We are going to stand up and shine the light on these exclusions so that Americans will not be caught off guard by exclusions buried deep within an insurance plan.

H.R. 1253, the Health Insurance Source of Injury Clarification Act, is identical to legislation passed by the House last session and will, first, require any limitations and restrictions on health plan benefits be explicit and clear; second, require that they be disclosed to the sponsor of the group health plan in advance of the sale; and, thirdly, require that the issuer in an easy-to-understand way provide participants and beneficiaries a description of the limitations and restrictions as soon as they enroll.

For those who are concerned about the potential cost of the bill, I do have a score from the Congressional Budget Office. Their cost estimate is that H.R. 1253 would have no significant impact upon the Federal budget. Further, they go on to say that making the information more easily understood would generate only negligible cost. H.R. 1253 contains no intergovernmental mandates as defined.

Mr. Speaker, I again want to thank Representative BART STUPAK from Michigan for his steadfast help in this bill. It has been a long process to get this passed. I certainly want to thank Chairman WAXMAN for his participation, and a special recognition to former Chairman JOHN DINGELL who helped us get this bill passed in the last Congress. We passed it late in the last Congress; the Senate did not get the work finished. We are passing it early in this Congress to allow the other body ample time to see this bill become law.

Mr. SCALISE. Mr. Speaker, I yield back the balance of my time.

Mr. PALLONE. I yield back the balance of my time and urge passage.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1253.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. BROUN of Georgia. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

□ 1600

SUPPORTING COLORECTAL CANCER AWARENESS

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 60) supporting the observance of Colorectal Cancer Awareness Month, and for other purposes.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 60

Whereas this year marks the 10th anniversary of the first designation of March as Colorectal Cancer Awareness Month;

Whereas colorectal cancer is the second most common cause of cancer deaths for men and women in the United States;

Whereas colorectal cancer affects men and women equally;

Whereas more than 148,810 people in the United States will be diagnosed with colon cancer this year;

Whereas over 49,960 people in the United States will die from colon cancer this year;

Whereas every 3.5 minutes, someone is diagnosed with colorectal cancer and every 10 minutes someone dies from colorectal cancer;